SKATE PARK APPLICATION

Participants Name:				
Parent or Guardian Name	e			
Address:		City:	State	e: Zip:
Date of Birth:	Current Grade:	Email		
Home Phone:		Cell Phone:		
Emergency Contact Nam	e:	Phone:		
Insurance Company & Ca	ard #:			
 I will respect ALL Ska I will NOT do drugs I will assist the Skate I will NOT use offens I will NOT use graffit I will use the required 	AND SIGN BELOW! ake the Skate Park fun and so alcohol at the Skate Park Park Staff in keeping our Pive language or gestures will or damage any property all safety gear at ALL times. It will be kept in good con	staff at ALL times. Ark clean, safe and fun Phile at the Park. at the Skate Park. Helmet, both elbow pa	for all people.	nds.
SKATER SIGNATURE:			DATE:	
the risks and dangers a strains, cuts, bruises and	ine skating and skateboarding ssociated with participation did broken bones. The risk of leath, and while the particul xit.	in these activities, whic f injury from these activ	h include, but are not ities is significant, incl	t limited to, falls, muscle luding the potential for per-
by this activity, which r	est of my knowledge have r night in any way inconvenie thstand all possible in-line a	ence or endanger staff o	or participants, or whi	
,	ulations and directives but f and/or calling to the attent	, ,	•	,
being accepted as a pa pating in this program.	rs of these activities connect rticipant in this program, I h I agree that Rye Recreation or approximately caused by	hereby accept ALL respon, their agents, employe	onsibility for taking ca ees and volunteers wil	re of myself while partici-
 I understand that the C I participate at our own 	City of Rye does not provide n risk.	medical coverage for p	articipants in any pro	grams and that my child or
understand and agree to	r the age of 18: I (we) t the above statements and ent signifying my agreeme	hereby consent to him	ian of n/her participating in	have read, the designated program.
Signature	of Parent/Guardian or Participan	it over 18		 Date